FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

					<u>-</u>			10.40			
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT#	(36621		(6)			and I write a may a tract them the second				
	GROUP, INC.										
Principal Place	of Business		Mail	ling Address				(INDICATO DE LIVE MILIO DIVIÈ IL	OL IVAL ALBII A)1 0 11 01011 01	
815 BAYSHORE DR. NICEVILLE FL 32578				15 BAYSHORE DR. IICEVILLE FL 32578							
								Date Incorporated or Qualified 10/03/1988	1	te of Last 05/01/1	•
2. Principal Pla	ice of Business		2a.	Mailing Address				4, FEI Number			Applied Fo
21			26					59-2915122			Not Applic
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		See Re	
City & State			1	City & State				6. Election Campaign Financing			00 May B
23			28		I			Trust Fund Contribution		· · · · · · · · · · · · · · · · · · ·	ded to Fees
Zıp 24	Count 25		29	Zip	30	ıntry		8. This corporation has liability for Florida Statutes	intangible : S 🔀 No	tax under	5 199,032,
	9. Name and Addr			ered Agent	1001	Γ		10. Name and Address of New I		Agent	
						81	Name		= 7.0		
GREEN.	H. BYRON					82	Street Add	Iress (P.O. Box Number is Not Acceptal	bie)		
	YSHORE DRIVE						00007100		···		
NICEVIL	LE FL 32578					83					
						84	City		FI	85	Zip Code
44 0	- N proviologo of Coo	tions 607 0500 as	4 (0 7	1509 Clorida Statuta	a tha ab		aniod norse	vertice submite this statement for the pu		hanoina itu	e registered
or registere familiar wit	o the provisions of Sec ed agent, or both, in th h, and accept the oblic	e State of Florida. I ations of, Section	Such 607.0	change was authorize 505, Florida Statutes.	d by the	corp	oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	pose or or pointment a	is registere	ed agent. I
SIGNATURE _	Signature, typed or printed nam	c of registered agent and	tile 1 ac	pricable (NOT	f · Registere	i Ager	it signature requir	ud when reinstating)	DATE		
12.		OFFICERS AND D	IREC1	TORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT	
TITLE	PD			DELETE	1. 1	TITLE		,		☐ Change	e 🗌 Add
NAME	Green, H. Byr				1.2 N	IAME					
STREET ADDRESS	815 BAYSHORE	DRIVE			1.3 9	TREE	ADDRESS				
CITY-ST-ZIP	NICEVILLE FL		~~ . ~ .~ .	·	1.40	ITY-S	I - ZIP				
TITLE	٧			DELETÉ.	. 2.1	III LE				Change Change	je 🗀 Add
NAME	WARREN, JAME				221	IAME					
STREET ADDRESS					2.3 9	2.3 STREET ADDRESS					
CITY ST. 219	NICEVILLE EL				240	TY_9	ST. ZIP				



Applied For Not Applicable \$8.75 Additional

Fee Required **\$5.00** May Be Added to Fees

or registere	the provisions of Sections 607.0502 and £07.1508 diagent, or both, in the State of Florida. Such chang i, and accept the obligations of, Section 607.0506,	e was authorized by	ie above-named con y the corporation's b	poration submits this states pard of directors. I hereby	ment for the purpose o accept the appointme	of changing its re nt as registered	egistered office agent. I am			
SIGNATURE _	ignature, typed or printed name of registured agent and tille 4 applicable	(NO1F: Be	gistered Agent signature reg	uirud when reinstating)	DA	TE				
12.	OFFICERS AND DIRECTORS				NS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1. 1 TITLE			☐ Change	Addition			
NAME	GREEN, H. BYRON		1.2 NAME							
STREET ADDRESS	815 BAYSHORE DRIVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY - ST - ZIP							
TITLE	V	☐ DELETE	2. 1 TIRLE			Change	☐ Addition			
NAME	WARREN, JAMES B.		2 2 NAME							
STREET ADDRESS	3807 CHERRYWOOD CT.		2.3 STREET ADDRESS							
CITY-ST-ZIP	NICEVILLE FL		2 4 City - St - ZiP							
TITLE		DELETE	3. 1 TITLE			Change	☐ Addition			
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4 CHY-ST-ZIP							
TATLE		DEL ETE	4. 1 TITLE			Change	Addition			
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CiTY-ST-ZIP			4.4 CITY - ST- ZIP							
TITLE		DELETE	5. 1 TATLE			Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CHTY - S1 - ZIP							
TITLE		DELETE	6.1 TITLE			Change	☐ Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CHTY-S1-ZIP							
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further										

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE!

901-29-1200 Daysinie Priore #

CR2E034 (12/95)